IN THE UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF TEXAS WICHITA FALLS DIVISION

$\label{eq:franciscanalliance} \begin{aligned} & \text{FRANCISCAN ALLIANCE, INC., } \textit{et al.,} \\ & \textit{Plaintiffs,} \end{aligned}$	No. 7:16-cv-00108
v. ${\small \textbf{SYLVIA BURWELL}, et \ al.,} \\ {\small \textbf{\textit{Defendants}.}}$	DECLARATION OF DANA WILLIAMSON

- I, Dana Williamson, state that the following statements are true and correct and based upon my personal knowledge:
- 1. I am a citizen of the United States, am over the age of eighteen, and am competent to testify.
- 2. I am the Director of Policy Development Support for the Texas Health and Human Services Commission ("HHSC").
- 3. HHSC provides millions of Texans with Medicaid and CHIP services each year.
- 4. On September 29, 2016, HHSC received an email from Ford J. Blunt III, from the Centers for Medicare and Medicaid Services. A true and correct copy of his email is attached as Exhibit 1 to this declaration.

DECLARATION UNDER PENALTY OF PERJURY

I, Dana Williamson, a citizen of the United States and a resident of the State of Texas, hereby declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing Declaration is true and correct.

Executed this 2nd day of December, 2016.

Dana Williamson

SWORN TO AND SUBSCRIBED BEFORE ME this 2nd day of December, 2016, to certify which witness my hand and seal of office.



Notary Public in and for the State of Texas

EXHIBIT 1

From: Blunt, Ford J. (CMS/CMCHO) [mailto:Ford.Blunt@cms.hhs.gov]

Sent: Thursday, September 29, 2016 2:14 PM

 $\textbf{To: Top,JR (HHSC)} < \underline{JR.Top@hhsc.state.tx.us} >; \textbf{Dutra,Beren (HHSC)} < \underline{Berengere.Dutra@hhsc.state.tx.us} >; \textbf{Dutra,Berengere.Dutra@hhsc.state.tx.us} >; \textbf{Dutra.Berengere.Dutra@hhsc.state.tx.us} >; \textbf{Dutra.Berengere.Dutra@hhsc.state.tx.$

Williamson, Dana (HHSC) < <u>Dana.Williamson@hhsc.state.tx.us</u>> **Cc:** Farrell, Billy B. (CMS/CMCHO) < <u>Billy.Farrell@cms.hhs.gov</u>>

Subject: Two Letters for Cosmetic Surgery

JR,

The HHS Office of Civil Rights (OCR) has a couple of questions for Texas on sex change therapy:

- 1. Does the state of Texas cover sex change therapy?
- 2. Who determines medical necessity for such surgery or the treatment thereof?
- 3. Is there any difference in the process for determining medical necessity criteria for hormonal fertility treatment and cosmetic surgery? We ask this because there is an 064 policy that the health plans are asking to submit 2 letters from mental health professionals as part of the claim review. Does this requirement apply only to this group of individuals or is that applied across all groups of individuals who request cosmetic medically necessary surgery, or other treatment that is similarly situated such as hormonal fertility treatment?

Thanks for your time,

Ford J. Blunt III
New Mexico/Texas State Leads/Health Insurance Specialist

Division of Medicaid and Children's Health Centers for Medicare and Medicaid Services Dallas Regional Office (214) 767-6381 (443) 380-6472 (Fax)

IN THE UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF TEXAS WICHITA FALLS DIVISION

1

FRANCISCAN ALLIANCE, INC., et al.,	
Plaintiffs,	No. 7:16-cv-00108
v.	DECLARATION OF
SYLVIA BURWELL, et al.,	DONESHIA ATES
Defendants.	

- I, Doneshia Ates, state that the following statements are true and correct and based upon my personal knowledge:
- 1. I am a citizen of the United States, am over the age of eighteen, and am competent to testify.
- 2. I am the state plan advisor for the Texas Health and Human Services Commission ("HHSC").
- 3. HHSC provides millions of Texans with Medicaid and CHIP services each year.
- 4. On November 2, 2016, HHSC received an email response from Cecilia Velastegui from the Office for Civil Rights at the U.S. Department of Health and Human Services. A true and correct copy of her email is attached as Exhibit 2 to this declaration.

DECLARATION UNDER PENALTY OF PERJURY

I, Doneshia Ates, a citizen of the United States and a resident of the State of Texas, hereby declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing Declaration is true and correct.

Executed this 2nd day of December, 2016.

Doneshia Ates

SWORN TO AND SUBSCRIBED BEFORE ME this 2nd day of December, 2016, to certify which witness my hand and seal of office.



Notary Public in and for the State of Texas

EXHIBIT 2

From: Velastegui, Cecilia (HHS/OCR)

Sent: Wednesday, November 02, 2016 12:13 PM

To: 'Ates, Doneshia (HHSC)'

Subject: Information for the Office of Civil Rights Contact

Ms. Ates:

Thank you for making it possible for our Office to meet with you.

I want to make sure that we are both understanding the purpose of the meeting. I have been assigned a case that involves a question regarding eligibility benefits under the Medicaid Program of Texas. The investigation is not against the administration of the Texas Medicaid Program. However, I need to understand what is covered and what is excluded under the Texas Medicaid Program. I tried to do a search of the Texas Medicaid Program but failed to locate the correct link. Are you able to direct me to the correct link to read more and understand better the general terms of the Texas Medicaid Program?

The questions below are on target for the investigation but my search is not limited to those questions. I had a valuable contact at HHSC but he has retired and so I am glad to have your contact information as I hope that we can continue working together beyond this initial meeting.

Please give me a little time to coordinate the schedule with OCR staff before I tell you that Nov. $14^{\rm th}$ week is OK. I will get back later today.

Cecilia

Supervisor

Equal Opportunity Specialist

Office for Civil Rights

214-767-3919